| POSITION | INITIALS | ID NO. | DATE |
|---|---|---|---|
| FEE DETERMINATION | PM | 6781U | 2/17/00 |
| O.I.P.E. CLASSIFIER | | | |
| FORMALITY REVIEW | SH | 60245 | 4-6-00 |
| RESPONSE FORMALITY REVIEW | | | |
| | | | |

## INDEX OF CLAIMS

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| ✔ | ............................ Rejected | N | ............................ Non-elected |
| = | ............................ Allowed | I | ............................ Interference |
| — | (Through numeral)... Canceled | A | ............................ Appeal |
| ÷ | ............................ Restricted | 0 | ............................ Objected |

| Claim | Date | | | | | | | | | | Claim | Date | | | | | | | | | | Claim | Date | | | | | | | | | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)